

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29542

State File No.

FILED AUG 17 1954

BIRTH NO. --- REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter	c. LENGTH OF STAY (In this place) 66 yr.	c. CITY OR TOWN Dexter	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 1031 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Mattie	b. (Middle) Lee	c. (Last) Taylor	4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 22, 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY housekeeper	11. BIRTHPLACE (City and State or Foreign Country) Bollinger Co. Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Hudson	13b. MOTHER'S MAIDEN NAME Sarah Burnam	14. NAME OF HUSBAND OR WIFE W. M. Taylor
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) X X	17. INFORMANT'S SIGNATURE OR NAME W. M. Taylor	ADDRESS Dexter, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ruptured abdominal aneurysm		INTERVAL BETWEEN ONSET AND DEATH under
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 451X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 1954, to July 1954, that I last saw the deceased alive on July 1954 and that death occurred at 10 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. S. Darter M.D.	23b. ADDRESS W. M. Taylor Dexter, Mo.	23c. DATE SIGNED 8-8-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8-5-54	24c. NAME OF CEMETERY OR CREMATORY Hagy Cemetery	24d. LOCATION (City, town, or county) (State) Dexter, Mo.
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DATE REC'D BY LOCAL REG. 8-11-54	REGISTRAR'S SIGNATURE Norma W. Jenkins	409	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser.	ADDRESS Dexter, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Walter Marsh Wathens*

Licensed Embalmer No. *471*

P. O. Address *Dexter*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.